FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECU **PURSUANT TO REGULATI** SECTION 4(6), AND/O UNIFORM LIMITED OFFERING E

50Z	OMB APPROVAL

3235-0076 OMB Number:

Expires: July 31, 2008 Estimated average burden

hours per response: 16.00

RITIES	SEC USE ONLY							
ON D,	Prefix		Serial					
R								
XEMPTION		DATE RECEIVED						
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-1:			<u> </u>					

a transform			<u> </u>			
Name of Offering (check if this is an amendmen	t and name has changed, and indicate change.)					
Goldman Sachs Hedge Fund Partners II, LL	C: Units of Limited Liability Company Inter-					
Filing Under (Check box(es) that apply): Ru	le 504 □ Rule 505 ☑ Rule 506 □	Section 4(6)	J ULOE			
Type of Filing: ☐ New Filing ☑ Amendme	ent		DDOCESSED			
	A. BASIC IDENTIFICATION DATA		1100200			
1. Enter the information requested about the issue	r		111 237008			
Name of Issuer (☐ check if this is an amendmen	t and name has changed, and indicate change.)					
Goldman Sachs Hedge Fund Partners II, LL	C		THOMSON REUTER			
Address of Executive Offices (Nun	nber and Street, City, State, Zip Code)	Telephone Number (i	including Area Code)			
c/o Goldman Sachs Hedge Fund Strategies I 10004	LLC, One New York Plaza, New York, NY	(212) 902-1000				
• • • •	umber and Street, City, State, Zip Code)	T. de Nombre (Including Area Code)			
(if different from Executive Offices)		(1881), 82-14-14-1				
Brief Description of Business						
To operate as a private investment fund.						
		- 08056	202 ———————————————————————————————————			
Type of Business Organization		- 00000	250			
□ corporation □	☐ limited partnership, already formed	✓ other (please				
□ business trust □	limited partnership, to be formed	Limited Liabili	ty Company			
	Month Year					
Actual or Estimated Date of Incorporation or Orga		☑ Actual □) Estimated			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for						
	State: CN for Canada; FN for other foreign juri	sdiction)	DE			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
* Each promoter of the issuer, if the issuer has been organized within the past five years;								
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and								
* Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
One New York Plaza, New York, NY 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner								
Full Name (Last name first, if individual)								
Asali, Omar M.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, NY 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner								
Full Name (Last name first, if individual)								
Barbetta, Jennifer								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, NY 10004								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner								
Full Name (Last name first, if individual)								
Ort, Peter								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, NY 10004								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)								

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B. INFORMATION ABOUT OFFERING												
								Yes	No			
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									☑			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									00,000*			
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts. 3. Does the offering permit joint ownership of a single unit?									Yes ☑	No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	e (Last name	first, if ind	ividual)									
	, Sachs & C											
Business	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
	Street, Nev			04	· · · · · · · · · · · · · · · · · · ·							
Name of A	Associated E	Broker or De	ealer									
States in 1	Which Perso	n Listed Ha	e Solicited	or Intende t	o Solicit Pu	rchasers						·
	'All States"										🛭 Al	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA] [PR]
[R!] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] Full Name (Last name first, if individual)									[WY]	[FK]		
	`	,	,									
Business	or Residence	e Address (?	Number and	Street, City	y, State, Zip	Code)				•		
Name of A	Associated E	Broker or De	ealer									
	Which Perso											l States
•	All States"			•					(FL)	[GA]	LAI [HI]	[ID]
(AL) (IL)	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[MI]	[GA] [MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	e first, if ind	ividual)									
	.											<u>.</u>
Business	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of	Associated E	Broker or De	ealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH) [WV]	[OK] [W!]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[** * J	[** *]	[""]	[, ,,]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of				
·		Aggregate Offering Price		Amount Already Sold
••	\$	•	\$	0
	_	-		
	· –	<u> </u>	•	
	\$	0	\$	0
· · · · · · · · · · · · · · · · · · ·	_		\$	0
•	_		\$	1,213,616,099
Answer also in Appendix, Column 3, if filing under ULOE.	-	1,210,010,022	٠.	2,222,020,02
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		No. on		Aggregate
		Investors		Dollar Amount of Purchases
Accredited Investors	_	874	\$	1,213,616,099
Non-accredited Investors	_	N/A	\$	N/A_
Total (for filings under Rule 504 only)	_	N/A	\$	N/A
Answer also in Appendix, Column 4, if filing under ULOE.				
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
Type of offering		Type of Security		Dollar Amount Sold
**		-	\$	
	_		\$	N/A
-	_		\$	N/A
Total		 	\$	N/A
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_		•	
Transfer Agent's Fees			\$	0
Printing and Engraving Costs			\$	0
Legal Fees		\square	\$	390,593
Accounting Fees			\$	0
Engineering Fees		0	\$	0
Sales Commissions (specify finders' fees separately)		0	\$	0
Other Expenses (identify)			\$	0
Total			\$	390,593
	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box D and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box D and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this bot	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this bot. Aggregate Offering Price

	C. OFFERING PRICE, N	NUMBER OF INVESTORS, EX	PENS	ES A	ND USE OF PI	ROCE	EDS		
	 Enter the difference between the aggreg Question 1 and total expenses furnished difference is the "adjusted gross proceeds to 	in response to Part C - Question 4.	a. Th	is		\$_		,213,225,506	
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	If the amount for any purpose is not the left of the estimate. The total	know l of th	n, ne					
					Payments to Officers, Directors, & Affiliates			Payments To Others	
	Salaries and Fees			\$_	0		\$_	0	
	Purchase of real estate			\$_	0		\$_	0	
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		\$_	0	
	Construction or leasing of plant buildings as	nd facilities		\$_	0		\$_	0	
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0		\$	0	
	Repayment of indebtedness			\$	0	- 🗆	\$	0	
	Working capital			\$	0	-	\$	0	
	Other (specify): Investment Capital			\$	0	- 21	s	1,213,225,506	
	Column Totals			\$	0	- ☑	\$_	1,213,225,506	
Total Payments Listed (column totals added)							1,213,225,506		
		D. FEDERAL SIGNATU	RE						
fe	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking f its staff, the information furnished by the iss	by the issuer to furnish to the U.S. S	Securit	ies an	d Exchange Comn	nission,	upon		
	er (Print or Type)	Signature			Date				
Go:	ldman Sachs Hedge Fund Partners II, C	1 SMMST~	$\overline{}$		July 15, 2008				
	me of Signer (Print or Type)	Title of Signer (Print or Type)							
Ka	thryn Pruess	Vice President of the Issuer's Man	aging	Mem	ber				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

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END